



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: DEACONESS MIDTOWN HOSPITAL

City of Hospital: Evansville

Year Begin: 10/01/2017 (mm/dd/yyyy format)

Year End: 09/30/2018 (mm/dd/yyyy format)

Person Completing the Report: Danielle Metzger-Cundiff

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Medicare Provider Number: 15-0082

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$1079568016
Outpatient Patient Service Revenue	\$1336865786
Total Gross Patient Service Revenue	\$2416433802

2. Deductions From Revenue

Contractual Allowance	\$1530612408
Other Deductions	\$62476061
Total Deductions	\$1593088469

3. Total Operating Revenue

Net Patient Service Revenue	\$823426048
Other Operating Revenue	\$73352038
Total Operating Revenue	\$896778086

4. Operating Expenses

Salaries and Wages	\$269950936	Employee Benefits	\$78735644
Depreciation and Amortization	\$46713063	Interest Expense	\$9962113
Bad Debt	\$9902101	Other Expenses	\$354058323
Total Operating Expenses	\$769322180		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$153128421	Total Assets	\$1591347427
Net Non-operating Gains over Loss	\$7427558	Total Liabilities	\$519097575

Total Net Gains	\$160555979
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$1168666386	\$871376462	\$297289924
Medicaid	\$345696183	\$251117709	\$94578474
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$902161	\$408118237	\$-407216076
Total	\$1515264730	\$1530612408	\$-15347678

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$33119	\$2055359	\$-2022240

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$2541021	\$8834399	\$-6293378
Hospital Patients	\$0	\$0	\$0
Community Education	\$18550	\$178561	\$-160011

Number of Medical Professionals Trained	28881
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	785

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$15116225	
HCI Payments	\$0		
Subtotal	\$0	\$15116225	\$-15116225
Medicaid Shortfalls	\$94578474	\$127258445	
Subtotal	\$94578474	\$142374670	\$-47796196
DSH Payments	\$6,874,603		
Subtotal	\$101453077	\$142374670	\$-40921593
Medicare Shortfalls	\$297289924	\$372055500	
Other Government Programs	\$0	\$0	
Total	\$398743001	\$514430170	\$-115687169

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$810546	\$-810546
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$0	\$0
Other Allocations	\$400736	\$857485	\$-456749

Comments

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